

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09/1463,4494</i>	FILING DATE		
								APPLICANT(S)			
								CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1										
2		1									
3		1									
4											
5		1									
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7											
8		1									
9											
10											
11		2									
12		2									
13		1									
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48											
49											
50											
TOTAL IND.			1								
TOTAL DEP.			2								
TOTAL CLAIMS			3								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3031